

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53908

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3				1		1
4		1				1
5				1		1
6		2				1
7				1		1
8		3				1
9				1		1
10		4				1
11				1		1
12		5				1
13				1		1
14		6				1
15				1		1
16		7				1
17				1		1
18		8				1
19				1		1
20		9				1
21				1		1
22		10				1
23				1		1
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49						
50						
TOTAL IND.						
TOTAL DEF.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEF.						
TOTAL CLAIMS						